

# Update

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## Changes In Family PACT



### Federal Funding, Expansion of Services & Policy Changes

The Office of Family Planning is pleased to announce several changes and additions to the Family PACT (Planning, Access, Care and Treatment) program. *Please note:* these changes have to do with providers' responsibility for client enrollment and new services as well as the source of program funding.

#### Federal Funding for Family PACT

California Governor Gray Davis successfully negotiated a five-year federal HCFA waiver for Family PACT effective December 1, 1999. This agreement will reimburse the State \$900 million over the five years to Family PACT's clinical services; family planning and reproductive health care designed to decrease unintended pregnancies. The program fills a gap in health care for men and women of childbearing age who do not qualify for Medi-Cal and do not have access to private health coverage. Eligible clients are California residents at or below 200% of poverty including the low-income working poor.

#### Expansion of Male Services

Male services in Family PACT now conform in policy and description to female services. Effective January 1, 2000, the Office of Family Planning expanded male services to include the following:

- Screening and diagnostic lab tests for STI as are currently available to females.
- Hepatitis B vaccine as is currently available to females.
- Surgical treatment for genital warts using Procedure Codes 54050, 54056 or 54100 with ICD9 codes 078.1-19 as the required Secondary Diagnosis Code.

■ Evaluation and Management codes 99202, 99203, and 99213 added to the range of office visit codes with Primary Diagnosis Codes S501-2 and S901-2.

■ The full series of Education and Counseling Codes now available with Primary Diagnosis Codes S501-2, S801-2, and S901-2.

Detailed billing information will be available in the **MediCal Update Bulletin** in the near future. Although services are available as of January 1, 2000, services cannot be billed to Family PACT until this published announcement. Read your Medi-Cal Bulletin.

#### Co-payment: Policy Change

Effective immediately, Family PACT providers no longer are required or authorized to collect any co-payments from Family PACT clients. Remember: Family PACT clients are not to be charged for **any** clinical, laboratory, pharmacy or facility services covered by the Family PACT program. Note also: providers are also prohibited from soliciting donations from individual Family PACT clients at any time.

#### Client Eligibility Determination and Enrollment: Policy Change

Effective immediately, the Family PACT provider is **required to request a client's Social Security Number (SSN)** as part of the process to determine client eligibility for the Family PACT program. However, the inability of the client to provide the SSN **shall not deny** client access to family planning services if all other eligibility criteria are met. It is also the responsibility of the provider to fully inform the client of the benefits available in the Family PACT program. Clients must be told that services are

(see **Family PACT Changes** on page 2)

## HELPFUL HINTS

Effective November 1, 1999, the **Preven™ Emergency Contraceptive Kit** (Levonorgestrel, Ethinyl Estrodiol and Pregnancy Test), may be reimbursed:

- Bill HCPCS code X7720
- Once a month for the same recipient, from any Family PACT provider
- Available under every S Primary Diagnosis except S60 (Pregnancy testing) or S80 (Vasectomy).
- Limit of three kits may be reimbursed in a twelve-month period.

It is every woman's right to know about Emergency Contraception and every provider's responsibility to tell clients about the option. Reproductive health experts advocate providing this emergency method pro-actively so that when a client needs Emergency Contraception she has a kit readily available.

**CAUTION:** Be sure the client has complete education and counseling about when it is appropriate to use the kit. It has been reported that some clients run a home pregnancy test within 72 hours of unprotected intercourse and when the result is negative they do not think they need Emergency Contraceptives. Alternatively, some clients have assumed if a pregnancy test is positive several weeks after unprotected intercourse, they should take the Emergency Contraceptives then. Obviously, providers need to be absolutely clear in the instructions to clients about the timing and use of Emergency Contraceptives.

# Chlamydia: Advances in Diagnostic Testing

The diagnostic tests for genital chlamydia infection have changed significantly in the past few years. New highly sensitive tests based on nucleic acid amplification technology allow non-invasive specimen collection, identify up to 30% more cases of infection, and have created new opportunities for innovative screening programs.

## What's New!

Newly available tests use nucleic acid amplification assays: polymerase chain reaction (PCR, Roche *Amplicor*), ligase chain reaction (LCR, Abbott *LCx*), transcription mediated amplification (TMA, GenProbe *AmpCT*), and strand displacement amplification (SDA, Becton Dickinson *ProbeTec*). All of these tests are available to Family PACT clients under CPT Code 87491.

The nucleic acid amplification tests (NAATs) provide excellent sensitivity (90-95%) and specificity (98-99%) and have markedly improved our ability to diagnose chlamydia infections. More importantly, the increased sensitivity has enabled non-invasive specimen collection, such as urine and self-obtained vaginal swabs (under development). These collection methods are more acceptable to patients and allow for testing outside traditional clinic settings by eliminating the need for painful urethral swabs in men and uncomfortable pelvic exams in women.

## What's Wrong with the Old Tests?

Older tests include tissue culture, detection of antigens using Direct Fluorescent Antibody (DFA) or Enzyme Immunoassay (EIA), and detection of DNA by probe hybridization (GenProbe).

Disadvantages of these technologies include invasive specimen collection, limited sensitivity that can be further compromised by improper specimen collection because these technologies are highly dependent on having sufficient columnar cells, and the need for verification testing and quality assurance programs to maximize test performance. Although tissue culture has 100% specificity, it is labor intensive and technically difficult. The sensitivity ranges from 75-85%.

DFA, EIA, and nucleic acid probes detect up to 75% of infections and produce false positives in up to 5%. Despite recommendations to perform

- verification assays and negative gray zone testing with EIA and GenProbe, many labs do not adhere to these standards. In addition, most
- clinics using these older technologies do not have quality assurance
- programs to assess specimen adequacy.

## The Best Tests for Screening

- Because chlamydia infections often produce no symptoms and no clinical signs, routine screening is vital to diagnosis and treatment. The
- highly sensitive NAATs have exceptional performance in asymptomatic patients and lower prevalence populations.
- For all diagnostic tests, the positive predictive value (the probability that a patient with a positive result is infected) decreases as the prevalence of infection decreases. Therefore, for screening purposes in low prevalence populations, it is essential to use a test that provides the greatest sensitivity and specificity. NAATs have the highest predictive values for screening purposes.

## New Opportunities for Screening

The new generation NAATs, which can be performed on urine specimens, provide novel opportunities for chlamydia screening in community- and school-based settings where staff and space to perform genital exams may not be available. These innovative approaches in non-clinical settings increase access to care for high-risk groups.

## Who Should be Screened?

- Family PACT requires that exams include a chlamydia
- test at the initial exam for clients 25 years old and under, and as appropriate thereafter. The Centers for Disease Control recommend screening
- adolescents annually, women ages 20-24 years if they have new or multiple partners and are not using barrier methods consistently, and
- pregnant women under age 25. HEDIS measures annual chlamydia
- screening in women 16-25 years seen in managed care organizations. In
- addition, women at high risk for re-infection, specifically adolescents, may benefit from more frequent screening.

- **For more information**, call the California STD/HIV Prevention Training Center at (510) 883-6600. ♥

Heidi M. Bauer, MD, MPH  
STD Control Branch,  
California Dept. of Health Services

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## Family PACT Changes, from page 1

limited to family planning services and do not extend to other primary or urgent care services. Please refer to the **Family PACT Policies, Procedures, and Billing Instructions Manual** for key components of the client enrollment process and Health Access Program (HAP) card distribution.

**For additional information** about these program modifications, please contact the Clinical Services Section of the Office of Family Planning at (916) 654-0357. ♥

## FAMILY PACT PROGRAM SUPPORT & SYSTEM SERVICES

Health Access Programs (HAP) Hotline	(800) 257-6900
Office of Family Planning (OFP)	(916) 654-0357
MediCal Provider Services/Enrollment	(916) 323-1945
Electronic Data Systems (EDS)	(800) 848-7907
Education Materials	
MediCal Fraud Hotline	(800) 822-6222

# FEATURED PROVIDER

*A Quarterly Feature Series*

## Family Health Centers of San Diego

### ADOLESCENT HEALTH EXPERTS

California's landmark Family PACT Program has helped to guarantee access to family planning services for thousands of low-income women and men all across the state.

Despite this enhanced service delivery, our young people continue to be engaged in high-risk behaviors leading to unplanned pregnancies and to sexually transmitted infections such as chlamydia and gonorrhea.

With this in mind, staff at Family Health Centers of San Diego (formerly known as Logan Heights Family Health Center) have developed a wide array of clinical and programmatic services for teenagers, with family planning efforts as a central focus. Starting from a weekly four-hour clinic session for teens in the early 1990's, Family Health Centers of San Diego (FHCS) now offers a full complement of care including:

- An adolescent-only primary health care clinic housed in the free-standing Teen Health Center;
- Peer-oriented outreach, education and counseling projects (including the OFP-

- ...funded Male Involvement Programs and TeenSMART Outreach);
- Two community-based teen pregnancy prevention programs (one providing culturally relevant mentoring and youth development, and the other enabling adults to communicate with adolescents about sexuality);
- A mobile medical unit that serves homeless, run-a-way and at risk youth in multiple school, community agency and street settings; and
- A California Youth Authority-sponsored tattoo removal project.

But this San Diego health care organization did not get to this current level of sophistication overnight. In fact, FHCS staff took very deliberate and thoughtful steps along the way.

Why have they been successful? There are many reasons, some related to community need and agency reputation. But more central to their success is the youth-oriented nature of their service delivery:

- Teens have been involved in the planning and building processes since the very beginning.

- Clinic hours are structured around the schedules of teens...not the schedules of the providers.
- The Teen Clinic looks like a place where teens might congregate. Popular music plays over the loudspeakers, youthful, upbeat posters and artwork are hung on the walls, and educational and reading materials are available in the waiting room.
- Teens work in the clinic...and they are paid.
- Almost all of the outreach and community education is provided by teens. These young people have completed close to 40 hours of training, and are often accompanied by an adult health educator.
- And, lastly, the Teen Health Center and its associated services and projects are viewed as safe.

Family Health Centers of San Diego is a non-profit, community health center system. FHCS has served San Diego for nearly 30 years, and provided care to some 61,000 unduplicated patients in 1998.

**For further information** on FHCS please call (619) 515-2333. ♥

Acknowledgments:  
 Nancy Bryant Wallis, DrPH, MSW;  
 Director, Off-Site Operations;  
 Family Health Centers of San Diego.

## FREQUENTLY ASKED QUESTIONS

- **Which of the STI tests that I collect and perform on-site (or send to an outside lab) need a secondary diagnosis?**

Lab tests for vaginitis, herpes, vaginal warts, and confirmatory tests for Gonorrhea, Chlamydia, PID, and Syphilis require a secondary diagnosis code (in addition to the Primary Diagnosis code) to claim. These tests are considered "confirmatory" and are not performed routinely like other screening tests. A secondary diagnosis code is also needed to dispense treatment on-site for any of these conditions.

- **Our clinic does urine-based chlamydia (CT) testing. What code do we use to bill?**

At this time there is no code specifically for CT tests on urine as a specimen. Thus 87491 CPT-4 lab code is to be used.

- **If a client has a Norplant or IUD removed and chooses another family planning method requiring additional billable services on the same date of service, how is this claimed?**

In order to capture the removal procedures for the Norplant or IUD, one claim must have the primary diagnosis code for Norplant (S202) or IUD (S402) and include the removal procedure code, office visit code and any

medications or supplies. If on the same day the client has other services for the new method—such as lab tests or supplies—a second claim form with the new primary diagnosis for the new method needs to be completed. This second claim only includes the procedures, medications or supplies related to the new primary diagnosis. The second claim includes only the other services for the new method but not an Office Visit or Education and Counseling Code.

- **How do I bill anesthesia services?**

Family PACT anesthesia bills are to be claimed with the CPT-4 surgical code and the appropriate anesthesia modifier. Claims billed with the approved Medi-Cal CPT-4 anesthesia codes and anesthesia modifiers will be denied.

- **How many Counseling/Education Codes can be billed per client, per visit?**

It is possible to claim both the Z9750 (group family planning education), the Z9751 (individual family planning education) and one of the ongoing codes – Z9752, Z9753 or Z9754 on the same claim, for the same date of service. Be sure your medical records document the content and extent of the counseling provided to support claiming the extensive time represented by three counseling codes during one visit.

# TRAINING CALENDAR

## Upcoming Family PACT Orientation Sessions

**March 7, 2000**

Ramada Inn, Palm Springs  
(800) 245-6904

**March 29, 2000**

Doubletree Hotel, Fresno  
(559) 485-9000

**April 5, 2000**

Four Points Sheraton, Emeryville  
(510) 547-7888

**April 18, 2000**

Holiday Inn, Ventura  
(805) 648-7731

**May 10, 2000**

Holiday Inn, LAX  
(310) 649-5151

**June 2, 2000**

Holiday Inn, Sacramento  
(916) 338-5800

**June 7, 2000**

Westgate Hotel, San Diego  
(619) 238-1818

To register call CHT at  
(415) 646-0468, ext. 13

Check the Family PACT Winter-Spring 2000 Training Calendar for additional trainings or call (916) 441-6650 to request a copy.

*"A client comes in for pregnancy tests every few months, how can I help her get on a family planning method?"*

**Now Available:** Expert help with difficult Family PACT counseling situations—call tollfree **(877) Fam-PACT**.

SAVE THIS  
DATE:



**DHS LEADERSHIP CONFERENCE 2000**

*Adolescent Pregnancy Prevention*  
**April 11 - 13 • Sacramento**

For more information contact OFP at  
(916) 654-0357

*Family*  *PACT*  
Planning • Access • Care & Treatment

California Department of Health Services • Office of Family Planning

**714 P Street, Room 440**  
**Sacramento, CA 95814**

*We're UPDATING our Mailing List...  
Please call (916) 441-6650 today with  
your additions, deletions, or corrections.*